FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P94000013860 (9)

PANTHER SECURITY SYSTEMS, INCORPORATED

							-			EARA EON NOON
Principal Place of Business Mailing Address										
3364 SOUTHWEST 14TH STREET 3364 SOUTHWEST 14TH STREET FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312										
FORT LAUUI	ENDATE LE 20015	TOTAL D	TONI COOCHONE TE WIL				3. Date Incorporated or Qualified			
2. Principal Pla	ace of Business	2a. Mailing	Address				4. FEI Number			pplied For
21		26					65-0491128			ot Applicable
Suite, Apt.	#. etc.	Suite, A	\pt. #, etc.				5. Certificate of Status Desired	* No		Additional equired
City & State	3	City & 5	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	_l				8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29		30				s □ No		
	9. Name and Address of Curre	ent Registered A	gent		ļ.,	,	10. Name and Address of New I	Registered A	gent	
					81	Name	cono			
DUCAS, RODRIQUE F 3364 SOUTHWEST 14TH STREET					82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	AUDERDALE FL 33312									
					84	City		FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered ago	ont and title if an uncable	(NO	tt: Rigistere	d Agai	Lagrature represe	ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12
12. Tifle	T D] DELETE		TITLE				Change	Add tion
NAME	DUCAS, RODRIQUE F			121	IAME					
SINEET ADDRESS 3364 SOUTHWEST 14TH STREET			1.3 STREET ADDRESS			LADDRESS				
CITY-ST-2IF	FORT LAUDERDALE FL 33	312		141	OITY - S	\$1 - 7/P				
TIILE]	DELETE	2 1	Title			Ĺ	Change	Addition
NAME					NAME					
STREET ADDRESS						LADDRESS				
CITY - ST - ZIP			DELETE		DITY-: TITLE	ST ZIP			Change	Addition
TITLE			□ ptreit		NAME					
NAME						FT ADDRESS				
STREET ADDRESS						S1 - ZIP				
CHY-ST ZIP			DELETE		TITLE				Change	Addition
NAME				42	NAME					
STREET ADDRESS				43	STHEE	T ADDRESS				
CITY-ST-ZIP				4.4	CITY.	ST-ZIP				——————————————————————————————————————
TILLE			DELETE	5 1	TITLE				Change	Addition
NAME				52	NAME					
STREET ADDRESS	;					1 ADDRESS				
CITY - ST - ZIF			F3 844 F45			ST-ZIP			Change	Addition
1 8.4.5										
TIFLE			DELETE		TITLE	1			Change	[] Madiboli

6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 4-10 - 96 954-5637989